Name in Full

Certificate of Death

Octavia Addison

Died at Annapolis (Town) Anne Arundel (County) MARYLAND

| Date 189 | Month | Day | Age | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|---|---|
| ~~Male~~ | Mar. | 15 | | — | 8 | 15 | Md | — |
| Female | ~~White~~ | | ~~Married~~ | | ~~Widow~~ | | ~~Divorced~~ | |
| | Colored | | ~~Single~~ | | ~~Widower~~ | | Number ~~of children living~~ | |

Husband / Wife of —

Father's Name Wm. Addison

Mother's Name Lizzie Randall Addison

| | | | How long sick |
|---|---|---|---|
| Cause of Death | Primary | Pneumonia 72 | 11 days |
| | Immediate | Heart failure | Accident, Suicide, Homicide |

Reported by E. R. Nicholson Jr. M.D.

Address Annapolis 47 Market St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Read for record
April 4th 1899

Name in Full: Joseph E. Barrow

Certificate of Death: Barrow

Died at Town: Annapol. County: A.A. Co. MARYLAND

Date 1899 Month 3 Day 26 | Age Y. 37 M. 11 D. – | Native of City | Occupation Barber

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of Martha A Barrow

Father's Name John Barrow

Mother's Name Charlotte Barrow

Cause of Death: Primary Mental Depression 46 | How long sick two weeks

Immediate Cerebral Meningitis | ~~Accident, Suicide, Homicide~~

Reported by Wm Bishop M D

Address 12 Church Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Recd for record
March 29th 1899

Name in Full Thos. Boone, Jr.

Certificate of Death

Died at Town Curtis Creek County Anne Arundel MARYLAND

Date 189 9 Month 5 Day 26 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living

Husband ~~Wife~~ of Mias Hodges

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Advertiser 5-30

Address Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Charles Boone Jr., Certificate of Death

Died at Town 3rd Dist. County Anne Arundel MARYLAND

Date 189 9 Month 3 Day 19 | Age Y. 73 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicido

Reported by Ind. Republican 3-25

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full Margaret Boyer

Certificate of Death

Died at Town Severn County Anne Arundel County MARYLAND

Date 1899 Month March Day 24 Age Y. 19 M. 6 D. 18 Native of A. A. Co. Md Occupation Housekeeper

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name George A. Boyer

Mother's Name Annie Boyer

Cause of Death Primary Malaria 20 How long sick 3 days

Immediate Malarial Congestion ~~Accident, Suicide, Homicide~~

Reported by R. A. Hammond

Address Jessups Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

Name in Full

Annie Clarke

Certificate of Death

Died at Town Laurel County A.A. MARYLAND

Date 1899 Month Mar Day 7 Age Y. M. D. Native of Occupation

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 6

~~Husband~~ Wife of Reuben Clarke

Father's Name

Mother's Name

Cause of Death { Primary Locte. Jaw 5-0 How long sick

Immediate

Accident, Suicide, Homicide

Reported by Wm Halstead (Undertaker)

Address Laurel. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Unattended.

Name in Full George Cromwell

Certificate of Death

Died at Md. House of Correction Anne Arundel MARYLAND

Town County

Date 189 9 Month 3 Day 23 | Age Y. M. D. | Native of | Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 74

Cause of Death: Primary Acute congestion | How long sick

Immediate Fatty lungs | Accident, Suicide, Homicide

Reported by Dr. A. B. Gantt

Address Jessup's Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full

Stephen Delaware

Certificate of Death

Died at Annapolis (Town) A. A. Co (County) MARYLAND

Date 1899 Month 3 Day 10 | Age Y. 75 M. — D. — | Native of — | Occupation none

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name Unknown

Mother's Name Unknown

Cause of Death — Primary: Age — 141 — How long sick

Immediate: Genl Debility — Accident, Suicide, Homicide

Reported by Dr Bishop M.D.

Address 12 Church Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Read for record
March 12th 1899

Name In Full William Tucker Duvall

Certificate of Death

Town

County Anne Arundel

Died at MARYLAND

Date 189 9 Month 3 Day 6 | Age Y. 76 M. D. | Native of | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single / Widow / Widower | ~~Divorced~~ / ~~Number of children living~~

Husband of

Wife

Father's Name Wm. T. Duvall

Mother's Name Williamette Duvall

Cause of Death — Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Maryland Mercantile

Address 3-11

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Jessie Virginia Elliott

Town

County

Died at Annapolis Anne Arundel MARYLAND

Month Day Y. M. D. | Native of | Occupation

Date 1899 3 - 1st Age 10

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Richard G. Elliott Mother's Name Jennie Hammond Elliott

Cause of Death: Primary Bronchitis 69 — How long sick 5 days

Immediate — Accident, Suicide, Homicide

Reported by Evening Capital

Address Annapolis 3-25

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79-05

Name in Full | Certificate of Death

Charles Hantschke

Died at Town: near Odenton County: Anne Arundel MARYLAND

Date 1899 Month 3 Day 16 | Age Y. 35 M. about D. | Native of Germany | Occupation Printer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband ~~Wife~~ of Bertha Hantschke

Father's Name | Mother's Name

Cause of Death: Primary Struck by freight train | How long sick

Immediate On B & P R R 14 hd. | Accident, ~~Suicide, Homicide~~

OVER

Reported by

Address Wife lives in Cleveland Ohio Jas: E Morgue

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. Justice of the Peace

LIBRARY BUREAU, 79898

The undertaker was_____

of_____

Attended by Dr._____

of_____

Information contained in this certificate received from Employees B & PRR

of_____

Name In Full

# Certificate of Death

Annie C Hardesty

Died at Town. Davidsonville County. A. A. County MARYLAND

Date 1899 Month Mar Day 20 | Age Y. M. D. | Native of Davidsonville | Occupation Home Wife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ Wife of Richard T Hardesty

Father's Name Charles Clegett | Mother's Name Eliza Knighton

Cause of Death: Primary un Known | How long sick 4 months

Immediate 161 | Accident, Suicide, Homicide

Reported by B. R. Davidson . M. D

Address Davidsonville A A County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75888

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full | Certificate of Death

Mary Howard

Died at Town: Rutland County: A. A. County MARYLAND

Date 1899 Month: Mar Day: 28 | Age Y. M. D.: 19. 10. 8 | Native of: Rutland | Occupation: School Teacher

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~

~~Wife~~

Father's Name: J Spencer Howard | Mother's Name: Mary Hodges

Cause of Death: Primary: Typhoid feaver | How long sick

Immediate: unknown | Accident, Suicide, Homicide

Reported by: Johnas Welch M D

Address: Rutland [redacted] Anne Arundle Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full Henry Hoxton

Certificate of Death

Died at Town Annapolis County A. Arundel MARYLAND

Date 189 9 Month 3 Day 10 Age Y. 79 M. D. Native of Md. Occupation Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living 1

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary Influenza 9 How long sick 3 weeks

Immediate Heart Failure Accident, Suicide, Homicide

Reported by J M Worthington

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full Mrs. Ella Johnson

Certificate of Death

Died at Town Pasadena County Anne Arundel MARYLAND

Date 189 9 Month 3 — Day 3 | Age Y. M. D. | Native of | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ of Wife Wm. E. Johnson

Father's Name Walter H. Pumphrey Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Md. Advertiser

Address 3-11

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Rev. Wm. Miller

Name in Full Mary Ellen Johnson

Certificate of Death

Died at Town Benfield County Anne Arundel MARYLAND

Date 1899 Month March Day 4 Age Y. 31 M. 1 D. — Native of Md Occupation House keeper

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband ~~Wife~~ of Wm Johnson 22a

Father's Name Walter J Pumphrey Mother's Name Mary Jane Pumphrey

Cause of Death Primary Pulmonary Consumption How long sick over one year

Immediate Sinking Condition ~~Accident, Suicide, Homicide~~

Reported by J W DuBois M D

Address Gambrills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full William Kelly

Certificate of Death

Died at Town Birdsville County Anne Arundel MARYLAND

Date 189 9 Month 3 Day 26 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced | Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Evening Capital

Address 3-27

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7

Name in Full Thomas Kolstner

Certificate of Death

Died at Town Annapolis County Anne Arundel MARYLAND

Date 189 9 Month 3 Day 6 Age Y. 75 M. D. Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name Mother's Name 77

Cause of Death Primary Pulmonary hemorrhage How long sick

Immediate Accident, Suicide, Homicide

Reported by Hy. R. Walton, M.D.

Address Annapolis, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full

Certificate of Death

Henry Letourneau

Died at Town Annapolis County Anne Arundel MARYLAND

Date 1899 Month 3 Day 2 | Age Y. 75 M. – D. – | Native of Md. | Occupation watchmaker

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 1

Husband of Wife —

Father's Name — Mother's Name —

Cause of Death: Primary Influenza 9 | How long sick —

Immediate Heart Failure | Accident, Suicide, Homicide

Reported by J. M. Worthington

Address Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B

Name in Full

Certificate of Death

Ruth Lowell Lockier.

Town

County

Died at Annapolis Anne Arundel MARYLAND

Month Day Y. M. D.

Date 189 9 March 30th Age 1, 5, 7, Native of Maryland ~~Occupation~~

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name Richard Lockier

Mother's Name Ida Lockier.

Cause of Death: Primary Bronchitis 72

Immediate Pneumonia

How long sick 18 days.

~~Accident, Suicide, Homicide~~

Reported by Alf. Evans. Undertaker 5-30

Address 24 College Ave Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Dickson [illegible] that he did not attend her

U. S. M. Academy

Annapolis

Md

Reed for record

March 31st 1899

Name in Full: Gustave Oger

Certificate of Death

Died at: Town: Annapolis County: A.A. Co. MARYLAND

Date 1899 Month: Mar. Day: 5 | Age Y. 75 M. D. | Native of: U.S. | Occupation: Barber

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living —

Husband of Wife

Father's Name — Mother's Name 104

Cause of Death: Primary: Retention of Urine + Enlarged Prost. + Structure — How long sick: 5 yrs

Immediate: Op. under Chlor. to release bladder — Shock — Accident, Suicida, Homicide

Reported by: H. R. Winchester Mo. D.

Address: 47 Market St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Recd for record
March 10th 1899

Name In Full Mary Catherine O'Neill — Certificate of Death

Town — County Anne Arundel — MARYLAND

Died at

| Date 189 9 | Month 3 | Day 2 | Age Y. 4 M. 4 D. 15 | Nativa of | Occupation |
|---|---|---|---|---|---|

~~Male~~ / Female — ~~White~~ / ~~Colored~~ — Married / Single — Widow / Widower — Divorced / Numbar of childran living

Husband of

Wife

Father's Name Thomas O'Neill — Mother's Name Agnes O'Neill

Cause of Death — Primary — 161 — How long sick

Immediate — Accident, Suicida, Homicida

Reported by Mrs. Wolverton

Address [redacted] 3-11

Must be signed by physician, if any in attendance, otherwise by coroner, undertakar or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Benjamine Parker

Died at Town Annapolis County Ann Co MARYLAND

Date 189 9 Month Mar Day 14 Age Y. 15 M. 9 D. Native of Md Occupation Schoolboy

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name

Mother's Name 72

Cause of Death: Primary Double Pneumonia

Immediate Heart Failure

How long sick 8 wks

~~Accident, Suicide, Homicide~~

Reported by H. R. Winchester M.D.

Address 47 Market St Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Rec'd for record
April 4th 1899

Name in Full — Certificate of Death

William Henry Parker

Died at — Town: Annapolis — County: Anne Arundel — MARYLAND

Date 1899 — Month: 3 — Day: 8 — Age: Y. 66 M. D. — Native of: Eastport — Occupation: Laborer

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 7.

~~Wife~~ Husband of Georgianna Parker.

Father's Name: Henry Parker — Mother's Name: Susan Parker

Cause of Death — Primary: Bronchitis 69 — How long sick: 19 days

Immediate: Heart Paralysis

~~Accident, Suicide, Homicide~~

Reported by F. H. Thompson M.D.

Address 93 Church St. Annapolis, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 45988

Name in Full

Certificate of Death

Beatrice Queen

Died at Town Parole County a a Co. MARYLAND

Date 1899 Month 3 Day 21 | Age Y. 9 M. 17 D. | Native of a a Co | Occupation —

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —— 71

Father's Name George Queen

Mother's Name Caroline Queen

Cause of Death — Primary: Acute Capilary Bronchitis — How long sick: 6 days

Immediate: Broncho Pneumonia — Accident, Suicide, Homicide

Reported by Wm Perkins MD

Address 12 Church Circle Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full | Certificate of Death

Grace Robinson

Died at Town: Jessupe County: A. A. MARYLAND

Date 1899 Month 3 Day 27 | Age Y. M. D. 8 8 | Native of Md | Occupation —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of ~~children living~~

Husband of Wife

Father's Name Thos. Robinson | Mother's Name Annie Robinson

Cause of Death: Primary Catarrhal Pneumonia | How long sick 2 weeks

Immediate 71 | Accident, Suicide, Homicide

Reported by F. W. Lieutheum M.D.

Address Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Mary Catherine Shipley

Certificate of Death

Died at Town near Montevideo County Anne Arundel MARYLAND

Date 189 9 Month 3 Day 15 | Aga Y. 76 M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name 9

Cause of Death: Primary Bronchitis superinduced

Immediate by Influenza

How long sick

Accident, Suicide, Homicide

Reported by D. H. Williams

Address Montevideo Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full John Louis Sydnor Certificate of Death

Died at Town Earleigh Heights County Anne Arundel MARYLAND

Date 189 9 Month 3 Day 20 Age Y 63 M. D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

Husband of Wife Miss Laura Robinson

Father's Name Mother's Name

Cause of Death: Primary Attacks of acute indigestion — How long sick

Immediate 81 — Accident, Suicide, Homicide

Reported by Ind. Republican

Address [redacted] 3-25-

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70188

Name In Full John B. Stellhorn

Certificate of Death

Died at Town Hannans County Anne Arundel MARYLAND

Date 189 9 Month 3 Day 29 | Age Y. 80 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name 161

Cause of Death: Primary Neuralgia of the brain | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Advertiser 4-6

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Susan R. Wood

Died at Town: East Port. County: Anne Arundel MARYLAND

Date 1899 Month: March Day: 14th Age: Y. 80 ~~M.~~ ~~D.~~ Native of Md. ~~Occupation~~

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 2

~~Husband~~ Wife of Samuel Wood 1456

~~Father's~~ Name —

Mother's Name Susan Roach

Cause of Death: Primary — Fall from Wagon — How long sick 24 Hours

Immediate — Concussion of Brain — Accident, ~~Suicide, Homicide~~

Reported by James S Taylor

Address Annapolis Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Attended by Dr. Geo Wells 4-25

of Annapolis Md

Seen by Coroner

of

Information contained in this certificate re-
ceived from her Daughter Mrs Finkle

of East Port A. A. Co.

Name in Full: Albert Young

Certificate of Death

Died at Town: Annapolis County: A A Co MARYLAND

Date 1894 Month 3 Day 6 | Age Y. 24 M. 6 D. | Native of | Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name

Mother's Name Louisa Young

Cause of Death: Primary Grippe 9 | How long sick 7 days

Immediate Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by Wm Bishop MD

Address 12 Church Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Recd for record
March 12th 1899